

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

401 N. Lindbergh Blvd

☐ Check if different  
than previously  
reported. (ACC)

St. Louis

MO

63141

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00293910

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin J. Dillard

Signature of Treasurer

Kevin J. Dillard

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">153911.24</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">153911.24</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">10425.00</span>	<span style="border: 1px solid black; padding: 2px;">10425.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">164336.24</span>	<span style="border: 1px solid black; padding: 2px;">164336.24</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">67500.00</span>	<span style="border: 1px solid black; padding: 2px;">67500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">96836.24</span>	<span style="border: 1px solid black; padding: 2px;">96836.24</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y  
 03 / 31 / 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9050.00

9050.00

(ii) Unitemized .....

1375.00

1375.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

10425.00

10425.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

10425.00

10425.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

10425.00

10425.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

10425.00

10425.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67500.00	67500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67500.00	67500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67500.00	67500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10425.00	10425.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10425.00	10425.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 20  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. John Wm M Carter**

Mailing Address 11708 Overbrook Rd

City

Leawood

State

KS

Zip Code

66211-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 03 / 2012

**Transaction ID : 7242841**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr. DeWayne B. McCamish**

Mailing Address 11 Ballard Bluff Rd

City

Signal Mountain

State

TN

Zip Code

37377-2290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 03 / 2012

**Transaction ID : 7248105**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr. John C. Pryse Jr.**

Mailing Address 304 Franklin Pl

City

Clinton

State

TN

Zip Code

37716-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2012

**Transaction ID : 7269979**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Michelle L. Bergsrud**

Mailing Address 5008 Woodhurst Ln

City State Zip Code  
 Minnetonka MN 55345-4644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 10 / 2012

**Transaction ID : 7270120**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. William Ernest Crutchfield II**

Mailing Address 12609 Tolman Rd

City State Zip Code  
 Fairfax VA 22033-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 23 / 2012

**Transaction ID : 7323666**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr. Barrett G. Peterson**

Mailing Address 2588 N Williston Rd

City State Zip Code  
 Williston VT 05495-8821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 26 / 2012

**Transaction ID : 7324657**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 Detailed Summary Page

 FOR LINE NUMBER: PAGE 8 OF 20  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. John S. Kanyusik**

Mailing Address 201 Indian Hill Rd

City

Mankato

State

MN

Zip Code

56001-8940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		26		2012

Transaction ID : 7324658

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Patricia Vayda**

Mailing Address 5601 Oaklawn Ave

City

Edina

State

MN

Zip Code

55424-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		26		2012

Transaction ID : 7324659

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr. Arnold J. Hill**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		26		2012

Transaction ID : 7324660

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Susan Zand**

Mailing Address 3 Goodwin Pl

City

Laguna Niguel

State

CA

Zip Code

92677-4128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2012

**Transaction ID : 7325223**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Frank R. Miller**

Mailing Address 619 Sunset Hill Dr

City

Rockwall

State

TX

Zip Code

75087-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2012

**Transaction ID : 7325224**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr. Douglas S. Harte**

Mailing Address 13 Boynton Dr

City

Livingston

State

NJ

Zip Code

07039-4603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2012

**Transaction ID : 7325225**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Chris H. Henry**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2012

**Transaction ID : 7325226**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Kristin R. Lundquist**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2012

**Transaction ID : 7325229**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Michael A. Fuchs**

Mailing Address 1860 Robin Ct

City

State

Zip Code

Huron

SD

57350-3432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2012

**Transaction ID : 7325230**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 20  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Keith Robert Erickson**

Mailing Address 3600 Tanglewood Ct

City State Zip Code  
Eagan MN 55123-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2012

**Transaction ID : 7325231**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Daniel J. Ryan**

Mailing Address 1933 Hillview Rd

City State Zip Code  
Richmond VT 05477-9152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2012

**Transaction ID : 7336926**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Shawn Lehman-Grimes**

Mailing Address 304 N Oak St

City State Zip Code  
Springfield TN 37172-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2012

**Transaction ID : 7340982**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Dr. D. Spencer Pope

Mailing Address 1115 Green Glen Ct

City

New Lenox

State

IL

Zip Code

60451-2583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2012

Transaction ID : 7340983

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Henry S. Zaytoun Jr.

Mailing Address 325 Buncombe St

City

Raleigh

State

NC

Zip Code

27609-6311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2012

Transaction ID : 7374916

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Randall Smith

Mailing Address 406 Crosslake Dr

City

Tullahoma

State

TN

Zip Code

37388-5206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2012

Transaction ID : 7428499

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 20  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Dennis L. Granberry**

Mailing Address 105 Darby Rd

City

Hattiesburg

State

MS

Zip Code

39402-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2012

**Transaction ID : 7443563**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Brett Edward Eckley**

Mailing Address 205 Rollingwood Dr

City

Beckley

State

WV

Zip Code

25801-2335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2012

**Transaction ID : 7443564**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. J. Don Spillers Jr.**

Mailing Address 2859 Hwy 41 N

City

Fort Valley

State

GA

Zip Code

31030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 19 / 2012

**Transaction ID : 7443565**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

9050.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Romney for President, Inc.**

Mailing Address P.O. Box 149756

City	State	Zip Code
Boston	MA	02114

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2012

**Transaction ID : 7330191**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Romney for President, Inc.**

Mailing Address P.O. Box 149756

City	State	Zip Code
Boston	MA	02114

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2012

**Transaction ID : 7330223**

Amount of Each Disbursement this Period

0.00
------

Full Name (Last, First, Middle Initial)

**C. Romney for President, Inc.**

Mailing Address P.O. Box 149756

City	State	Zip Code
Boston	MA	02114

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2012

**Transaction ID : 7330230**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Romney for President, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2012

Mailing Address P.O. Box 149756

City	State	Zip Code
Boston	MA	02114

**Transaction ID : 7332781**Purpose of Disbursement  
Void - Romney for President, Inc.

Amount of Each Disbursement this Period

Candidate Name

011

Category/  
Type

0.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Void - Romney for President, Inc.

Full Name (Last, First, Middle Initial)

**B. Friends of George Allen**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2012

Mailing Address Post Office Box 573

City	State	Zip Code
Richmond	VA	23218

**Transaction ID : 7337179**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

011

Category/  
Type

5000.00

**George Allen**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: VA	District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Blumenthal For Connecticut**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2012

Mailing Address 777 Summer Street

City	State	Zip Code
Stamford	CT	06901

**Transaction ID : 7337181**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

011

Category/  
Type

5000.00

**Sen. Richard Blumenthal**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CT	District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jon Runyan For Congress, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

**Transaction ID : 7457801**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Jon Runyan**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 03

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of George Allen**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Mailing Address Post Office Box 573

City	State	Zip Code
Richmond	VA	23218

**Transaction ID : 7457803**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**George Allen**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District:

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Yoder For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Mailing Address PO Box 26742

City	State	Zip Code
Overland Park	KS	66225

**Transaction ID : 7457804**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Mr. Kevin Yoder**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District: 03

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Yarmuth For Congress**

Mailing Address 1819 Brownsboro Road

City	State	Zip Code
Louisville	KY	40202

Purpose of Disbursement

011

Candidate Name

**Rep. John Yarmuth**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : 7457807**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Feinstein for Senate**

Mailing Address 601 S. Glenoaks Blvd., Suite 208

City	State	Zip Code
Burbank	CA	91502

Purpose of Disbursement

011

Candidate Name

**Dianne Feinstein**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : 7457808**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Hatch Election Committee**

Mailing Address 257 East 200 South Suite 950

City	State	Zip Code
Salt Lake City	UT	84111

Purpose of Disbursement

011

Candidate Name

**Orrin Hatch**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : 7457809**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Carper For Senate**

Mailing Address 19 East Commons Blvd Second Floor

City	State	Zip Code
New Castle	DE	19720

Purpose of Disbursement

011

Candidate Name

**Sen. Thomas Carper**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : 7457814**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kristi For Congress**

Mailing Address PO Box 852

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement

011

Candidate Name

**Ms. Kristi Noem**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : 7457816**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Blumenthal For Connecticut**

Mailing Address 777 Summer Street

City	State	Zip Code
Stamford	CT	06901

Purpose of Disbursement  
Void - Blumenthal For Connecticut

011

Candidate Name

**Sen. Richard Blumenthal**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : 7457874**

Amount of Each Disbursement this Period

-5000.00
----------

Void - Blumenthal For Connecticut

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Blumenthal For Connecticut**

Mailing Address 777 Summer Street

City	State	Zip Code
Stamford	CT	06901

Purpose of Disbursement

011

Candidate Name

**Sen. Richard Blumenthal**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☐ General  
☒ Other (specify) ▼

State: CT

District:

2010 General Debt

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : 7457876**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Gerlach for Congress**

Mailing Address 631 N. Pottstown Pike

City	State	Zip Code
Exton	PA	19341

Purpose of Disbursement

011

Candidate Name

**Jim Gerlach**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : 7467985**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Michael Burgess For Congress**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement

011

Candidate Name

**Rep. Michael Burgess M.D.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : 7467986**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Rand Paul For Us Senate**

Mailing Address 1019 State Street

City	State	Zip Code
Bowling Green	KY	42101

Purpose of Disbursement

Candidate Name

**Mr. Rand Paul**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : 7467987**

Amount of Each Disbursement this Period

2500.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

67500.00